

Nottinghamshire County and Nottingham City

Adult Social Care Workforce Strategy 2008 - 2010

New ways of working - shaped by users needs and choices



This document has been produced with Nottinghamshire County Council, Nottingham City Council, Nottinghamshire Health Community, the Independent and Voluntary Sectors, Skills for Care and in consultation with service users and carers

Version Control

Author:	Mair Webb Principal Workforce Planning Officer Adult Social Care and Health Nottinghamshire County Council
	Jonathan Allen Team Leader Workforce Planning & Implementation Team Adult Services Housing and Health Nottingham City Council
Owner:	David Pearson Strategic Director (Adult Social Care and Health)
Client:	Nottinghamshire Partnership Project Board for the Social Care Sector
Version:	0.5

Version	Revision Date	Amendment
v.01	22.01.08	Insert version control and minor amendments
v.02	28.03.08	Combine Nottinghamshire County Council and Nottingham City Council's draft documents
v.03	07.05.08	Various amendments from Project Board meeting
v.04	12.06.08	Final amendments from Project Board meeting

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Foreword

I am pleased to introduce the Nottinghamshire County and Nottingham City Adult Social Care Workforce strategy. It has been produced in partnership with the two local authorities, Nottinghamshire Health Community, the independent and voluntary care sector, Skills for Care and in consultation with service users and carers. A large consultation event in February 2008 brought together all partners which helped to shape the strategy.



This is the first time that a workforce strategy has been developed covering the whole adult social care sector in Nottinghamshire. Services in adult care are undergoing massive changes and the strategy document takes this into consideration by using the 'Putting People First' document and focusing on increasing choice and control for service users and carers. To meet these changes it is crucial that we have the right people with the right skills in the right place at the right time.

The next step is to implement the workforce strategy. All service areas will draw up an implementation plan which will be based on the key priorities identified in the strategy. At the same time support and guidance will be offered to providers to assist with the implementation of workforce plans.

Further workshops will be held, involving service users and carers, so that progress can be evaluated against outcomes and any further actions identified.

I am sure that the implementation of the workforce strategy will help achieve better outcomes for all our adult social care service users and carers in Nottinghamshire.

David Pearson

David Pearson
Strategic Director
Adult Social Care & Health
Nottinghamshire County Council
(Chair of the Project Board)

Workforce Strategy - Executive Summary

This document forms the Adult Social Care Workforce Strategy for the Nottinghamshire County and Nottingham City Council constituencies. It has been jointly produced by the two local authorities to address the future social care workforce requirements within both organisations and the independent and voluntary sectors. The Project Board overseeing this work has brought together a partnership containing representatives from the two local authorities, Health, Skills for Care East Midlands and the independent and voluntary sectors.

The following information has been considered before putting this strategy together:

- National and regional strategies to meet the needs of adults within the community (*'Options for Excellence'*, *'Our Health, Our Care, Our Say'*, *'Putting People First'*)
- demographics and future trends
- economic activity
- workforce information
- Local authority Commissioning Strategies and Joint Strategic Needs Assessments
- consultations with service users and carers
- management and front-line staff views

In particular, the Project Board will make a commitment to the following areas:

- New ways of working shaped by customers' needs and choices
- Continued development of integrated social care and health services
- Improving services linked directly to customer outcomes
- Developing the modernisation of services through Self Directed Support
- Promoting equality and diversity throughout all services provided.

Where we are now

National statements maintain that whenever possible the current workforce for a sector should reflect the composition of the community. Current reports for the Nottinghamshire¹ area show that:

The total resident population is approximately 1,041,300 and is predicted to increase by over 7% over the next 20 years, with the largest percentage increase seen in the over 60 age group.

Of the total population:

- approximately 5.9% are from ethnic minorities
- 63% of the population are of working age (this is predicted to decrease)

¹ For the purpose of this document Nottinghamshire data refers to Nottinghamshire County Council, Nottingham City Council and independent provider figures combined.

- there is a high proportion of males aged 18-24 claiming Job Seekers Allowance (particularly in Nottingham, Mansfield, Ashfield and Bassetlaw)
- 10.3% (over 107,000 people) are unpaid carers.

The current social care workforce shows that:

- 83% of employees are female with the highest proportion aged 35-54 (47.5%)
- 17% are from an ethnic minority
- The workforce turnover rate is at 20% (the national figure is 19%)
- 22% of the social care workforce are working towards or have gained a National Vocational Qualification Level 2 (NVQ2) qualification in Health and Social Care
- Just under a quarter of the workforce – 23.5%, leave the sector, 21% transfer to another social care employer and 55.5% are recorded as destination unknown.

Where we want to be

The social care workforce will need to follow the priorities set out in national drivers (*'Options for Excellence'*, *'Our Health, Our Care, Our Say'*, *'Putting People First'*) to meet the needs of people within the community:

- 1) promoting health and emotional wellbeing
- 2) improving quality of life for service users and carers
- 3) making a positive contribution
- 4) increasing choice and control
- 5) freedom from discrimination and harassment
- 6) economic wellbeing
- 7) maintaining personal dignity and respect
- 8) leadership
- 9) commissioning and use of resources.

Through consultation, business planning and commissioning, it has been agreed that during 2008/10, the strategic direction should include:

- services that meet customer outcomes for social care and health
- the development of Self Directed Support, including personalised individual budgets, and increasing the number of people receiving a direct payment
- facilitating increased choice and control for the individual purchase of services
- enhancing prevention through partnerships and building community capacity
- planning and commissioning services to meet the needs of the population
- reviewing and maintaining the social care market to respect the need for capacity, quality, safety and cost effectiveness
- ensuring high quality and targeted services with a specific focus
- supporting social inclusion and wellbeing
- achieving the Local Government Association (LGA) equality standards to ensure that our workforce is reflective of our community.

A stakeholder consultation event 'Creating the Future Social Care Workforce', took place to share the aims and objectives of the workforce Project Board. Individuals were grouped on the day into service areas relating to Learning Disabilities, Mental Health, Physical Disabilities, Older People and Strategic / Business Services.

Workshops identified the future workforce needs of the community and included:

- the importance of being enabled to live in the community
- having choice and control
- the training and responsiveness of workers
- accessing services with ease assisted by trained staff to facilitate navigation
- being treated with dignity and respect
- feeling safe.

From feedback questionnaires stakeholder comments were gathered to analyse the success of the event. Direct quotes from the day included:

'As a mental health service user it was great to see people listening to my points and needs'

'Discussions were informative and perspectives different, but all shared the ideal of a more professional workforce'

Demographics and Workforce Analysis

Information has been collated from Nottinghamshire County and Nottingham City's Joint Strategic Needs Assessment documents. These documents have been produced as part of the Department of Health's Commissioning Framework for Health and Well-being for Primary Care Trusts (PCTs) and local authorities to identify the strategic direction of service delivery in the community.

Demography

- Using the English Indices of Deprivation for 2007 produced by the Department for Communities and Local Government (Rank of Average Score) Nottinghamshire is ranked as the 92nd most deprived area in England with Nottingham ranked as 13th. Nottingham's high levels of deprivation, low educational attainment and unhealthy lifestyle (high smoking, poor diet, and low physical activity) are all interrelated determinants of its poor health outcomes and high level of health inequalities.
- The proportion of older people in the population is increasing, the 75-79 cohort seeing the greatest increase and in the City the 85+ age group is projected to increase significantly. Currently there are more older people (over 65) in Nottinghamshire than the national and regional average. The Newark & Sherwood District has the highest population of older people. Figures show that there will be 134,600 older people in Nottinghamshire rising to 141,500 in 2010 (ONS 2006).

- The majority of social care assessments (90% aged 65-74 and 85% in the 75+ age group) are for people with physical disability, frailty and temporary illness.
- 6% of assessments in the 75+ age group are for mental health issues including dementia. Trends show that between 2008 – 2025 dementia illness will increase by 53% and by 2035 older people with depression will increase by 30-40%.
- Currently in Nottinghamshire approximately 40% of older people have had long term illnesses. Figures show that there will be 66,968 people suffering with long term illness rising to 70,171 in 2010 (Projecting Older People Population Information – POPPI).
- 77% of assessments resulted in community based services for people in their own homes and 14% in a recommendation for independent sector residential care.
- Using current population trends, care home places, or their equivalent in the community in terms of variants of intensive home or extra care, **will need to increase by 100% by 2025**. Given current national and local policies, it is anticipated that most of these needs will be met in community settings.
- Over a quarter of the population are aged 18 to 29 – with university students comprising about 1 in 9 of the population.
- The Black Minority Ethnic (BME) percentage within the City is likely to be at least 25% by 2016.
- International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for population growth since 2001. For 2006-7, statistics show that 42% of migrants registered in Nottinghamshire came from Poland.
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability. BME groups tend to have higher rates of limiting long-term illness or disability than white British people, particularly in the older age groups.
- 21% of the working age population within Nottinghamshire are disabled – 52% male and 48% female and approximately 17,000 either with severe or mild learning disabilities.

Life Expectancy

- Life expectancy in Nottinghamshire (73 male; 78 female) is lower than the national average (77 male; 81 female) and there is a 10 year difference in life expectancy between the most deprived and least deprived wards within the City. There are similar differences between different areas in the County.

- Nottingham's life expectancy and rate of mortality are improving, but Ashfield and Mansfield areas still have significantly lower life expectancy for both males and females compared to the national average.
- Cardio Vascular Disease (CVD), respiratory disease and cancer remain the biggest contributors to the life expectancy gap and Nottingham's rate of infant mortality makes a significant contribution to the life expectancy gap in comparison to other areas.

Behavioural and Lifestyle Factors

Nottinghamshire has low levels of physical activity particularly in young people, older people and the workforce; high levels of alcohol use and smoking, poor diet and nutrition, and increasing levels of obesity in both adults and children particularly in certain groups. All of these factors impact on health and wellbeing and contribute to the low life expectancy and inequalities. A partnership approach with social care providers of service and the health sector to promote healthy lifestyle choices is imperative to prevent ill-health in the population.

The identification of and support of vulnerable adults (including drug and alcohol users) who are parents is vital to ensure their children's welfare is safeguarded.

Assessment of the current demographics and workforce statistics shows that:

- The social care workforce is predominately female – 83%.
- There are a high proportion of unemployed males in Nottinghamshire (of those claiming Job Seekers Allowance approximately 82% are males). To address the in-balance of this, positive action could be taken by actively targeting males through recruitment processes.
- The age profile of the social care workforce shows that there is a high percentage of 35-54 year olds. Statistical forecasting identifies that this trend will continue requiring employers to recruit and retain older workers to supply the future demands of the service (a trend which is recognised nationally).
- There will be a need to actively address the recruitment of younger people to combat the 'generation' of leavers, either voluntarily or from retirement.
- There is also a potential resource to widen the experienced labour market by utilising the number of unpaid carers. This outcome can be supported by offering training and development opportunities before actively recruiting these individuals to the sector.
- Despite trends showing that turnover rates are comparable to national figures, with the high cost of training and developing staff, it would be desirable to reduce these figures.

- 23.5% of leavers left to work for another employer outside the sector. A high proportion of leavers did not indicate their next work destinations (55.5%). These figures show that retention strategies need to be reinforced in order to retain skilled staff.
- There is a requirement that 50% of the social care workforce will be working towards or will have gained an NVQ2 in Health & Social Care. Current figures show this at 22%, indicating a high priority for Nottinghamshire, particularly in the independent sector.
- Skills for Care NMDS-sc 2008 ethnicity figures show a high proportion of the social care workforce are from a BME background (17%). In comparison to the Census 2001 data, this equates to nearly three times the population figure of 5.9% but lower than the highest area (Nottingham City at 19%).
- It has been identified that the future social care workforce and the services it provides will need to meet the needs of the Lesbian Gay Bi-sexual and Trans Community (LGBT). Feedback has been drawn from the LGBT Community through local authority equality & diversity forums, LGBT scrutiny groups and the 'Creating the Future Social Care Workforce' event consultation.
- There is no national information available to date indicating sexual orientation demographics nor is this information collected within NMDS-sc. Stonewall, the professional lobbying national group for the LGBT community, states that, "*The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality*". The consultation on the content of the 2011 Census has established a strong user requirement for information on sexual orientation.
- The future of the social care sector will be dependent on the workforce, therefore it is important that a cohesive network of recruitment and retention strategies are identified to raise the image of social care for those seeking employment, and robust training packages are created to develop the existing and new social care workforce.

How we will get there

The following objectives form the key themes of the strategy to enable the social care workforce to meet future needs:

Objective: Supporting the development of social care provision for adult residents within Nottinghamshire County and Nottingham City
Objective: Developing the skills of the future social care workforce
Objective: Developing resources to support the social care workforce
Objective: Developing leadership and management
Objective: Developing integrated social care and health workforce strategies and plans in relevant areas of joint service

(Further actions underneath these objectives can be viewed later in the main document).

These objectives will be turned into actions with identified outcomes and timelines within each local authority. These actions will be achieved through partnerships with key stakeholders working to ensure efficiency, effectiveness and economies of scale.

Communication

A communication plan will ensure customers and stakeholders are kept up-to-date with the progress of projects and any new developments, through a variety of different media.

Timescales and evaluation

This Workforce Strategy document and its objectives are valid for two years (2008/10). A review of the workforce plans from each partner organisation will be made 12 months into the life span cycle.

To ensure the provision of high-quality care across both social care and health, a determined effort is required by both health and social care providers to ensure continued partnership working and a convergence of each area's workforce strategies to produce one over-arching document.

This will help to fulfil our joint vision for social care and health, to provide high quality, customer centred care to the area, delivered by a professional, well trained and managed workforce.

The Workforce Strategy will be shared at a follow-up 'Creating the Future Social Care Workforce' event later in the year (2008) and with the Nottinghamshire Health & Social Care Community Board.

Nottinghamshire County Council and Nottingham City Council Adult Social Care Workforce Strategy for 2008-10

1. Introduction

- 1.1 In July 2005 the Government announced a review of the social care workforce led jointly by the Department of Education and Skills and the Department of Health. This led to the publication of many government documents that would begin the transformation of the social care sector into a proactive service user provider of care, with a focus to have the right people in the right jobs with the right skills by 2020.
- 1.2 To implement this challenge, emphasis has been given to partnership working and the role of workforce planning as a tool to strategically develop and plan the new social care environment. As a result Nottinghamshire County Council has developed partnerships with Nottingham City Council, the Nottinghamshire Health Community, the independent and voluntary care sector and Skills for Care East Midlands, to plan the future of the social care workforce. Membership of this Board can be viewed in Appendix 3.
- 1.3 The partnership has taken on the vision to produce a workforce strategy document identifying common strategic themes that can be acknowledged by the partnership as the beginnings of a seamless and proactive service user led provision. However, there is an understanding that partners will have different challenges within their own organisations and this will lead to individual organisational workforce plans linking to this document's strategic objectives.
- 1.4 Workforce planning has been identified as a tool which –

'ensures that a business has the right number of employees; with the right knowledge, skills and behaviours in the right place, at the right time'.
(IRS Employment Review 790)

It is a process of evidencing what an organisation's services are, through commissioning strategies, how the organisation is going to deliver these services, via the workforce and to ensure that the provision of current and future services meets the needs of the organisation and their customers.

- 1.5 An organisation's workforce plan should be based on accurate and valid information linked to the organisation's business strategies. The plan will then be able to assist with the recruitment, retention and development of the workforce.

2. Strategic Objectives

- 2.1 The Partnership Project Board understands that the future of social care and its reforms are required for economies of scale, a changing environment and the need for new ways of working. Therefore the following themes have been identified as assisting in the development of the workforce strategy document:

- To improve outcome focussed services provided by a high quality workforce
- To identify strategic aims for the period 2008/10
- To assist service areas to align their individual workforce plans to identified strategic aims
- To enable the social care sector to contribute in partnership to the national and regional workforce planning strategies.

2.2 This workforce strategy takes into account each authority's Commissioning Strategies and Joint Strategic Needs Assessments.

2.3 The aim of the Partnership Project Board has been to agree on the objectives contained in this workforce strategy document. To enable these objectives to be turned into actions and evaluated to demonstrate evidence of outcomes for service users, each partner will need to engage within their own organisation to produce workforce plans. These plans will need to link into the workforce strategy document so that there is a cohesive structure to actions and priorities for the social care sector.

3. Developing the Social Care Workforce for the future

3.1 The Project Board developed its focus by using project management methodology therefore identifying risks and milestones to ensure the timely production of a workforce strategy document.

3.2 This document identifies strategic elements that can be developed further within partner organisations' workforce plans.

3.3 Quantitative and qualitative data for the document has been collated from different sources to produce information that covers the social care workforce for Nottinghamshire County Council, Nottingham City Council and the independent providers they contract with. Statistical information has been provided from the Office of National Statistics, NHS Workforce Information Services and current data from the National Minimum Data Set–Social Care (NMDS-sc) system driven by Skills for Care. To ensure customers' views were captured, a workshop event inviting partners, service users and carers was used as a forum for discussion. The information collected contributes to the workforce strategy document.

3.4 The combination of the Project Board and the discussion forum will ensure that the workforce strategic document reflects the needs of the community, economies of scale and achievable objectives.

4. Further development

4.1 This workforce strategy document has a two year life span - 2008/10, with a review mechanism after one year to monitor and ensure the relevance of the set objectives.

4.2 The main drivers come from national and regional strategic documents, local priorities and user consultations. The Project Board has ensured that these drivers are produced within the workforce strategy document. These drivers will assist in sustaining a pro-active social care sector and provide the community with a dedicated, skilled and motivated workforce.

5. Assessment of current demographic profile

Data analysis has established the following profile of the Nottinghamshire County and Nottingham City community. Trends have been projected for the next 20 years (charts relating to this information can be found in Appendix 1):

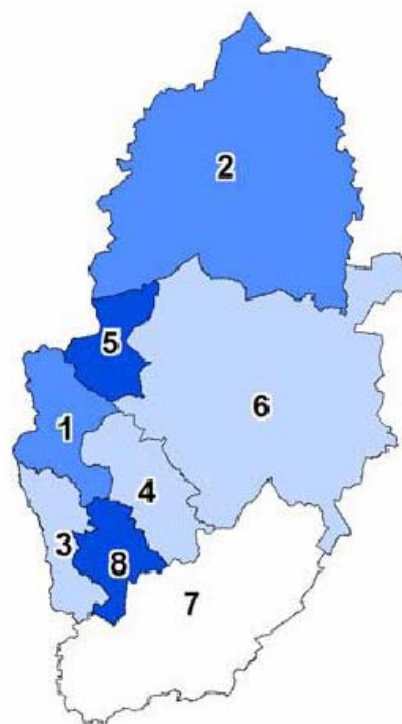
5.1 Nottinghamshire is in the heart of England and covers an area of 2,085 square kilometres (805 square miles). It has a population of just over one million people and a workforce of over six hundred thousand (Office of National Statistics 2001 census).

5.2 The two local authorities have populations as follows:

Local Authority	Population
Nottingham	278,700
Nottinghamshire	762,600
Total	1,041,300

The population within Nottinghamshire can be further broken down as follows:

Ref	Local Authority	Population
1	Ashfield	114,000
2	Bassetlaw	110,700
3	Broxtowe	109,100
4	Gedling	111,200
5	Mansfield	99,000
6	Newark and Sherwood	110,800
7	Rushcliffe	107,800
8	Nottingham City	278,700
Total		1,041,300



The total population is approximately 1,041,300 and is predicted to increase by over 7% in the next 20 years.

- 5.3 Approximately 63% of the total population are of working age, which equates to around 650,000 people. Predictions show that the working age population will decrease over the next 20 years. There is a high proportion of males aged 18-24 claiming Job Seekers Allowance particularly in Nottingham, Mansfield, Ashfield and Bassetlaw (see Chart 6). The number of people within the working age group is predicted to decrease showing a shortfall in the social care workforce for the future.
- 5.4 The largest employer within the area is the Public Administration, Education and Health sector with 23% of the workforce (see Chart 7).
- 5.5 Census information from 2001 shows that 10.3% (over 107,000 people) are unpaid carers (see Chart 8).
- 5.6 The age structure of the population is changing and the trend towards an ageing population continues, with the largest population increase in the 60+ age group. The 20-29 age group is predicted to increase until 2012 but will then decrease to 2027. There will be a big decrease in the 30-39 age group. After an initial increase the 40-49 age group will have a significant decrease (see Chart 2).
- 5.7 The ethnicity breakdown of the population (see Chart 3.1) shows a high percentage of the population is white (94.1%). Almost 19% of the population within the Nottingham City district are from ethnic minorities. Ashfield has the lowest proportion of its population from ethnic minorities with fewer than 2% (see Chart 3.2).

6. Assessment of current Social Care Workforce in Nottinghamshire²

The following data analysis has been taken from Skills for Care National Minimum Data Set – social care (NMDS-sc) report as at 1st April 2008 for Nottinghamshire. The NMDS-sc focuses on social care workforce statistics based on a questionnaire from social care providers across statutory, voluntary and independent sector organisations. As data is still being collected, the statistics gathered will give an indication of trends. A full selection of charts and graphs can be viewed in Appendix 2.

- 6.1 The social care sector has a predominately female workforce – 83% female compared to 14% male with 3% not recorded (see Chart 9).
- 6.2 The highest proportion of the current social care workforce is in the 45-54 age group at 24% closely followed by the 35-44 age group at 23.5% (see Chart 10).

²For the purpose of this document Nottinghamshire data refers to Nottinghamshire County Council, Nottingham City Council and independent provider figures combined

- 6.3 Statistics show that 77.5% of the social care workforce are white, 17% are BME with 5.5% of unknown background or not recorded (see Chart 11).
- 6.4 Social care workforce exit information shows that 55.5% of leavers were recorded as destination unknown. Of the remaining leavers, 23.5% left social care to work in other sectors and 21% moved to other jobs within social care (see Chart 14).
- 6.5 There is a staff turnover rate of 20% compared to 19% nationally, and a vacancy rate of 3% compared to 4% nationally (see Chart 12).
- 6.6 22% of the social care workforce was either working towards or had completed National Vocational Qualification level 2 (NVQ2) in Health and Social Care (see Chart 13).

7. Demographics and Workforce Analysis for Nottinghamshire

Information has been collated from Nottinghamshire County and Nottingham City's Joint Strategic Needs Assessment documents. These documents have been produced as part of the Department of Health's Commissioning Framework for Health and Well-being for PCTs and local authorities to identify the strategic direction of service delivery in the community.

Demography

- Using the English Indices of Deprivation for 2007 produced by the Department for Communities and Local Government (Rank of Average Score) Nottinghamshire is ranked as the 92nd most deprived area in England with Nottingham ranked as 13th. Nottingham's high levels of deprivation, low educational attainment and unhealthy lifestyle (high smoking, poor diet, and low physical activity) are all interrelated determinants of its poor health outcomes and high level of health inequalities.
- The proportion of older people in the population is increasing, the 75-79 cohort seeing the greatest increase and in the City the 85+ age group is projected to increase significantly. Currently there are more older people (over 65) in Nottinghamshire than the national and regional average. Figures show that there will be 134,600 older people in Nottinghamshire rising to 141,500 in 2010 (ONS 2006). The Newark & Sherwood District has the highest population of older people.
- The majority of social care assessments (90% aged 65-74 and 85% in the 75+ age group) are for people with physical disability, frailty and temporary illness.
- 6% of assessments in the 75+ age group are for mental health issues including dementia. Trends show that between 2008 – 2025

dementia illness will increase by 53% and by 2035 older people with depression will increase by 30-40%.

- Currently in Nottinghamshire approximately 40% of older people had long term illnesses. Figures show that there will be 66,968 people suffering with long term illness rising to 70,171 in 2010 (Projecting Older People Population Information – POPPI).
- 77% of assessments resulted in community based services for people in their own homes and 14% in a recommendation for independent sector residential care.
- Using current population trends, care home places, or their equivalent in the community in terms of variants of intensive home or extra care, **will need to increase by 100% by 2025**. Given current national and local policies, it is anticipated that most of these needs will be met in community settings.
- Over a quarter of the population are aged 18 to 29 – with university students comprising about 1 in 9 of the population.
- The Black Minority Ethnic (BME) percentage within the City is likely to be at least 25% by 2016.
- International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for population growth since 2001. For 2006-7 statistics show that 42% of migrants registered in Nottinghamshire came from Poland.
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability. BME groups tend to have higher rates of limiting long-term illness or disability than white British people, particularly in the older age groups.
- 21% of the working age population within Nottinghamshire are disabled – 52% male and 48% female and approximately 17,000 either with severe or mild learning disabilities.

Life Expectancy

- Life expectancy in Nottinghamshire (73 male; 78 female) is lower than the national average (77 male; 81 female) and there is a 10 year difference in life expectancy between the most and least deprived wards within the City.
- Nottingham's life expectancy and rate of mortality are improving, but Ashfield and Mansfield areas still have significantly lower life expectancy for both males and females compared to the national average.

- Cardio Vascular Disease (CVD), respiratory disease and cancer remain the biggest contributors to the life expectancy gap and Nottingham's rate of infant mortality makes a significant contribution to the life expectancy gap in comparison to other areas.

Behavioural and Lifestyle Factors

Nottinghamshire has low levels of physical activity particularly in young people, older people and the workforce; high levels of alcohol use and smoking, poor diet and nutrition, and increasing levels of obesity in both adults and children particularly in certain groups. All of these factors impact on health and wellbeing and contribute to the low life expectancy and inequalities. A partnership approach with social care providers of service and the health sector to promote healthy lifestyle choices is imperative to prevent ill-health in the population.

The identification of and support of vulnerable adults (including drug and alcohol users) who are parents is vital to ensure their children's welfare is safeguarded.

Assessment of the current demographics and workforce statistics shows that:

- 7.1 The social care workforce is predominantly female – 83% (see Chart 9).
- 7.2 There are a high proportion of unemployed males in Nottinghamshire (of those claiming Job Seekers Allowance approximately 82% are males). To address the imbalance of this, positive action could be taken by actively targeting males through recruitment processes.
- 7.3 The age profile of the social care workforce shows that there is a high percentage of 35-54 year olds (see Chart 10). Statistical forecasting identifies that this trend will continue requiring employers to recruit and retain older workers to supply the future demands of the service (a trend which is recognised nationally).
- 7.4 There will be a need to actively address the recruitment of younger people to combat the 'generation' of leavers, either voluntarily or from retirement.
- 7.5 There is also a potential resource to widen the experienced labour market by utilising the number of unpaid carers. This outcome can be supported by offering training and development opportunities before actively recruiting these individuals to the sector.
- 7.6 Despite trends showing that turnover rates are comparable to national figures, with the high cost of training and developing staff, it would be desirable to reduce these figures.
- 7.7 Social care workforce exit information shows that 55.5% of leavers were recorded as destination unknown. Of the remaining leavers, 23.5% left social

care to work in other sectors and 21% moved to other jobs within social care (see Chart 14).

- 7.8 There is a requirement that 50% of the social care workforce will be working towards or will have gained an NVQ2 in Health & Social Care. Current figures show this at 22% (see Chart 13), indicating a high priority, particularly in the independent sector.
- 7.9 Skills for Care NMDS-sc 2008 ethnicity figures show a high proportion of the social care workforce in Nottinghamshire are from a BME background (17%). In comparison to the Census 2001 data, this equates to nearly three times the population figure of 5.9% but lower than the highest area (Nottingham City at 19%).
- 7.10 It has been identified that the future social care workforce and the services it provides will need to meet the needs of the Lesbian Gay Bi-sexual and Trans Community (LGBT). Feedback has been drawn from the LGBT Community through local authority equality & diversity forums, LGBT scrutiny groups and the 'Creating the Future Social Care Workforce' event consultation.

There is no national information available to date indicating sexual orientation demographics nor is this information collected within NMDS-sc. Stonewall, the professional lobbying national group for the LGBT community, states that, "*The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality*". The consultation on the content of the 2011 Census has established a strong user requirement for information on sexual orientation.

- 7.11 The future of the social care sector will be dependent on the workforce, therefore it is important that a cohesive network of recruitment and retention strategies are identified to raise the image of social care for those seeking employment and robust training packages are created to develop the existing and new social care workforce.

8. Future requirements

- 8.1 The future requirements for the workforce across the social care sector need to reflect the national and regional strategies and to meet the needs of the people within the community.

The guiding strategies for the social care sector have been set out within three main national documents –

- '*Options for Excellence*' – by 2020 social care workers to be in the right job, at the right time, with the right skills.
- '*Our Health, Our Care, Our Say*' White Paper will change the way services are provided, placing greater choice and control in the hands of the people who use them.

- *'Putting People First'* – a ministerial concordat outlining the aims and values which will guide the transformation of adult social care, putting customers at the centre of services, promoting their own individual needs for independence, well-being and dignity.

8.2 It is also important that a future workforce is developed to meet the outcomes from the Commission for Social Care Inspection (CSCI) which are:

- 1) promoting health and emotional wellbeing
- 2) improving quality of life for service users and carers
- 3) making a positive contribution
- 4) increasing choice and control
- 5) freedom from discrimination and harassment
- 6) economic wellbeing
- 7) maintaining personal dignity and respect
- 8) leadership
- 9) commissioning and use of resources.

8.3 Through the business planning and commissioning process for the two authorities, it has been agreed that during 2008/10, the strategic direction will include:

- ensuring that the services meet the outcomes for social care and health
- developing Self Directed Support including personal budgets and increasing the number of people receiving a direct payment or individual budget
- facilitating increased choice and control for the individual purchase of services, supporting social inclusion and well-being
- enhancing prevention through partnerships and building community capacity
- planning and commissioning services to meet the needs of the population
- reviewing and maintaining the social care market to respect the need for capacity, quality, safety and cost effectiveness
- ensuring high quality and targeted services with a specific focus
- supporting social inclusion and wellbeing
- achieving the Local Government Association (LGA) equality standards to ensure that our workforce is reflective of our community.

8.4 The above national, regional and local priorities were shared with a wide range of stakeholders in a series of consultation processes and events. The 'Creating the Future Social Care Workforce' event took place to share the aims and objectives of the workforce Project Board, to raise the profile and benefits of workforce planning and to gather views on how people wish to see the social care workforce changing in the future.

Individuals were grouped on the day into service areas relating to Learning Disabilities, Mental Health, Physical Disabilities, Older People and Strategic / Business Services. Presentations were given by Skills for Care, Health and the

Local Authorities, and included a DVD of Service Users receiving Self Directed Support and Direct Payments.

Workshops identified the future workforce needs of the community and included:

- the importance of being enabled to live in the community
- having choice and control
- the training and responsiveness of workers
- accessing services with ease, assisted by trained staff to facilitate navigation
- being treated with dignity and respect
- feeling safe.

The event was heavily over-subscribed due to the interest in the aims of the day. 62% of those who attended completed an evaluation form with the majority of feedback showing a positive response. 95% said they would recommend the event, 98% felt they were given enough opportunity to put forward their views and opinions and 100% agreed that a similar event should be held later in the year. Direct quotes from the day included:

'As a mental health service user it was great to see people listening to my points and needs'

'Discussions were informative and perspectives different, but all shared the ideal of a more professional workforce'

8.5 The introduction of Self Directed Support (SDS) and Individual Budgets (IB) may lead to a less regulated and unqualified workforce. Strategies need to be developed to ensure that this workforce has access to appropriate training and development. This will require the social care sector to work harder and in more innovative ways to ensure the management of risk is incorporated into training and development for the future workforce. The introduction of SDS and IB systems will have an impact on other areas of care and it will be necessary to engage with the independent sector to discuss ways whereby there is continuity of services and partnership working so that service users can exercise their choice and control in an informed way.

8.6 Having established the common objectives for 2008/10, this workforce strategy document will be used as a driver for service areas' workforce plans. These objectives can then be turned into actions and evaluated to demonstrate evidence of outcomes for service users.

9. Workforce Strategy Objectives

The strategy has been influenced by good practice nationally and reflects 'A National Framework to Support Local Workforce Strategy Development, 2005' produced by the Department of Health and the 'Pay and Workforce Strategy, 2004' produced by the Office of the Deputy Prime Minister. The Workforce Strategy objectives will influence the workforce planning documents for the

respective organisations represented within the Project Board, with continued partnership and joint working to ensure efficiency, economy and effectiveness.

Objective: Supporting the development of Social Care provision for adult residents within Nottinghamshire County and Nottingham City
1. Developing partnerships across all social care providers to support the social care workforce
2. Supporting the development of Self Directed Support and Individual Budgets within the social care sector whilst ensuring positive outcomes for service users and carers
3. Developing the workforce to reflect the community
4. Developing a quality assurance framework to support the social care workforce
5. Facilitating increased choice and control for the individual purchase of services, supporting social inclusion and wellbeing
Objective: Developing the Skills of the future social care workforce
6. Delivering a consistent, robust and co-ordinated approach to workforce development
7. Supporting the development of skills and attainment of qualifications within the social care workforce
8. Enabling the social care workforce to enhance wellbeing, choice and control, and managing risk
9. Promoting the continuous professional development of the social care workforce
10. Developing a social care and health career framework that can be linked to partner organisations
11. Developing apprenticeship / trainee schemes for the social care workforce
Objective: Developing resources to support the social care workforce
12. Supporting the effective recruitment and retention of the social care workforce
13. Promoting the continued use and benefits of workforce intelligence and information systems
14. Promoting work-life balance best practice to support the health & well-being of the social care workforce
15. Promoting human resources policies and procedures in line with best practice
16. Communicating and sharing good practice by recognising achievements
Objective: Developing leadership and management
17. Developing managers to obtain the appropriate knowledge and skills to effectively lead the social care workforce
18. Promoting equality and diversity practices to reflect the community's needs and the services provided to customers
19. Developing and promoting a consistent, co-ordinated and effective approach to workforce planning
20. Supporting the role of commissioners to ensure capacity, quality, safety and cost effectiveness
Objective: Developing integrated social care and health workforce strategies and plans in relevant areas of joint service
21. Identifying areas of joint service activities to be used as a pilot scheme

10. Next Steps

10.1 Communication and engagement

The importance of effective communication is essential to the success of the Strategy. We shall achieve this through a variety of media and consultations, to reach all of our stakeholders. This will be a regular, open, and two-way process with close partnership working, sharing good practice and supporting innovation.

11. Implementation Plan and review

11.1 This workforce strategy document and its objectives are valid for two years (2008/10).

11.2 Each local authority will develop workforce implementation plans to meet the specific needs of each organisation that follow the objectives set out in this document. A review of these plans will be made 12 months into the life span cycle. The Partnership Project Board will reconvene to discuss the evaluations and to commence development for the next workforce strategy document.

11.3 The workforce strategy will be shared at a follow-up 'Creating the Future Social Care Workforce' event later in the year (2008) and with the Nottinghamshire Health & Social Care Community Board.

Comments on the Workforce Strategy to:

Mair Webb
Principal Workforce Planning Officer
mair.webb@nottsc.gov.uk
0115 9772923

Jonathan Allen
Team Leader, Workforce Planning and Implementation Team
jonathan.allen@nottinghamcity.gov.uk
0115 8762477

Appendix 1 – Nottinghamshire Community current position

The following information has been taken from the 'Nottinghamshire Labour Market Analysis June 2007' report collated by the Nottinghamshire Health and Social Workforce Community Team. This included population figures from the Office of National Statistics Census 2001.

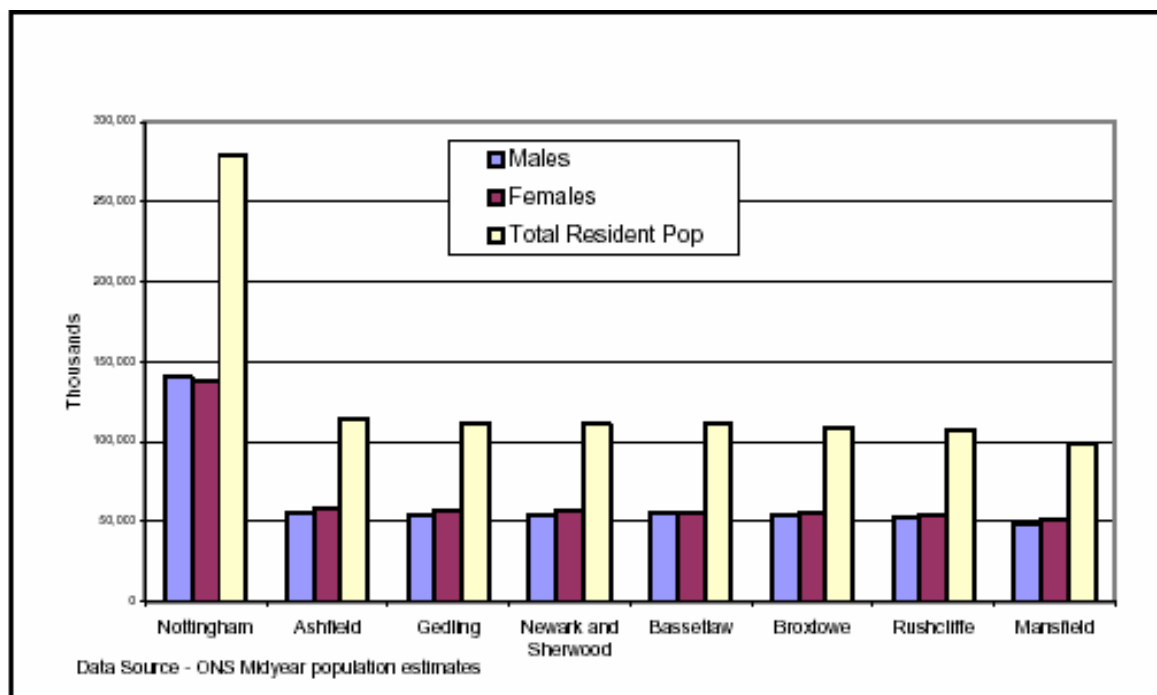


Chart 1: the ratio of males to females within the districts.

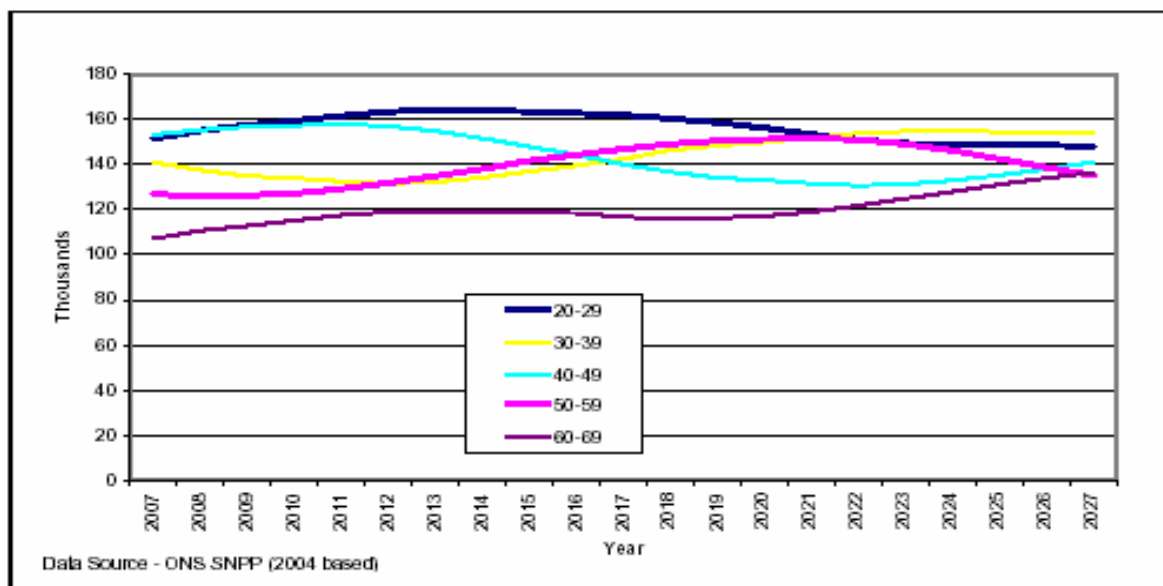


Chart 2: Age projections for Nottinghamshire's population

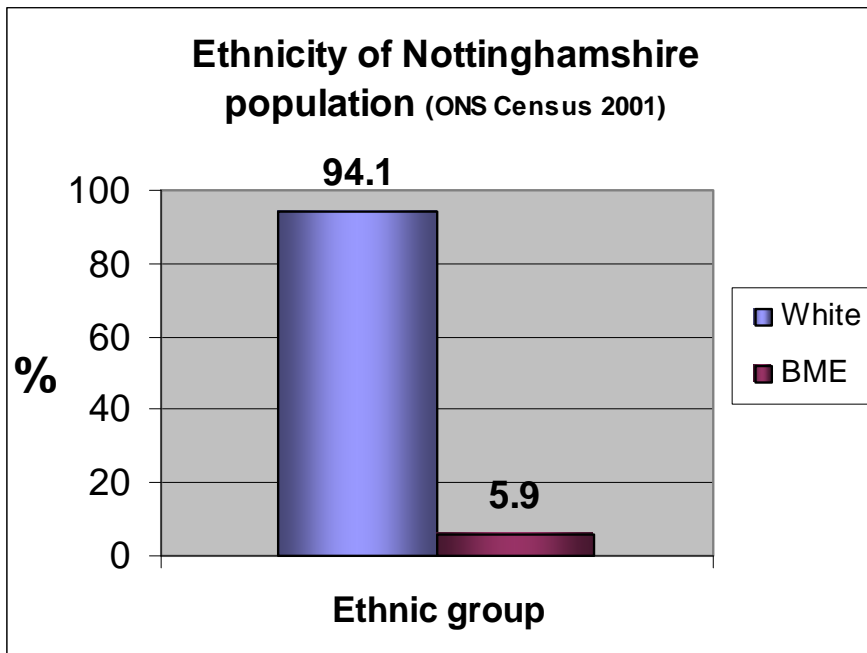


Chart 3.1 – Ethnicity of Nottinghamshire population

Within Nottinghamshire there are differences in the ethnic population, as can be seen in Chart 3.2 below:

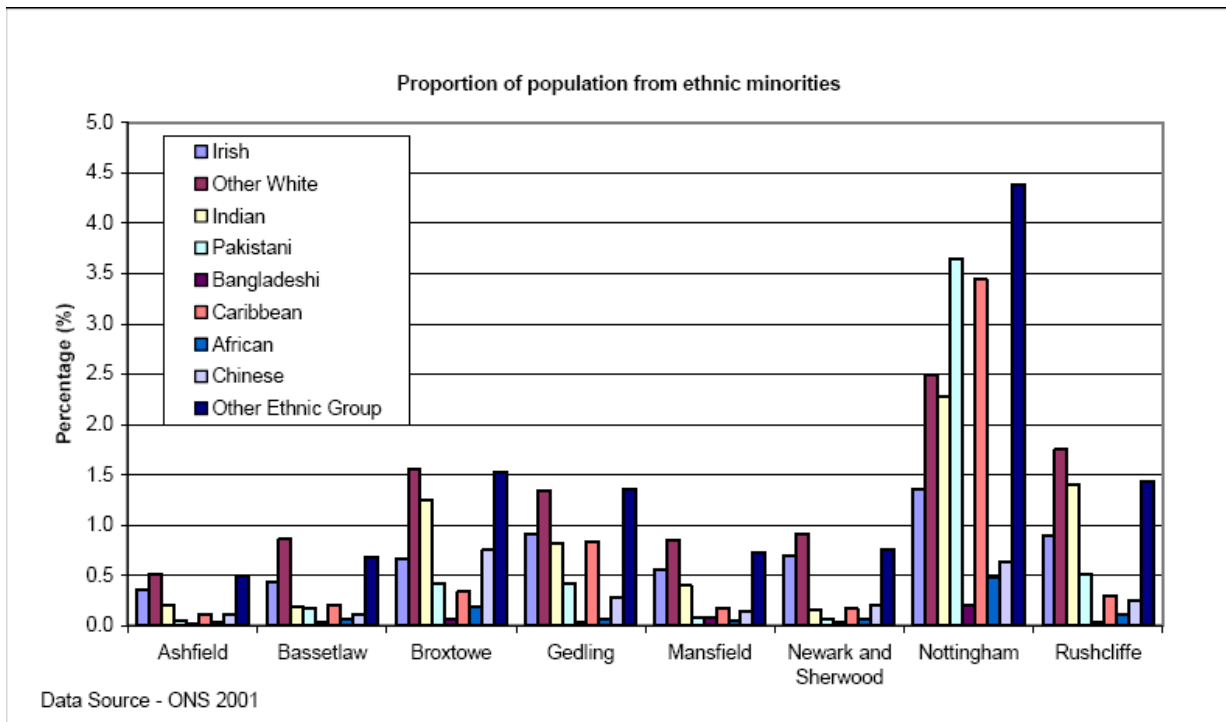


Chart 3.2 – Proportion of population from ethnic minorities

Key Messages

- The ethnic population in the areas is a small percentage of the whole population.
- Almost 19% of the population within the Nottingham City district are from ethnic minorities.
- Ashfield has the lowest proportion of its population from ethnic minorities with just under 2%.

Economic activity

Economic activity is the percentage of people of working age who are –

- in employment
- actively seeking employment
- on a government scheme or
- students.

The charts below show the relationship of males to females of working age who are economically active, measured against those in employment.

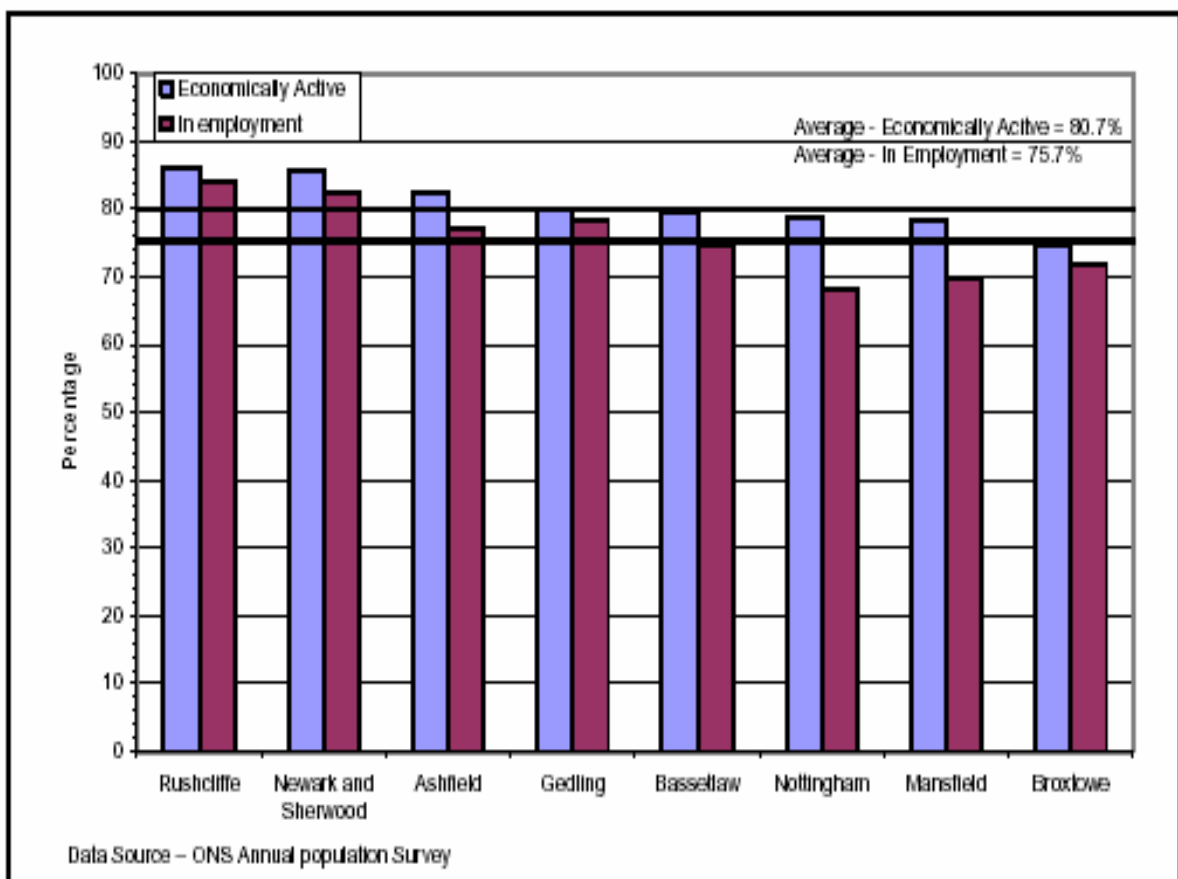


Chart 4: number of males of working age who are economically active, measured against those in employment

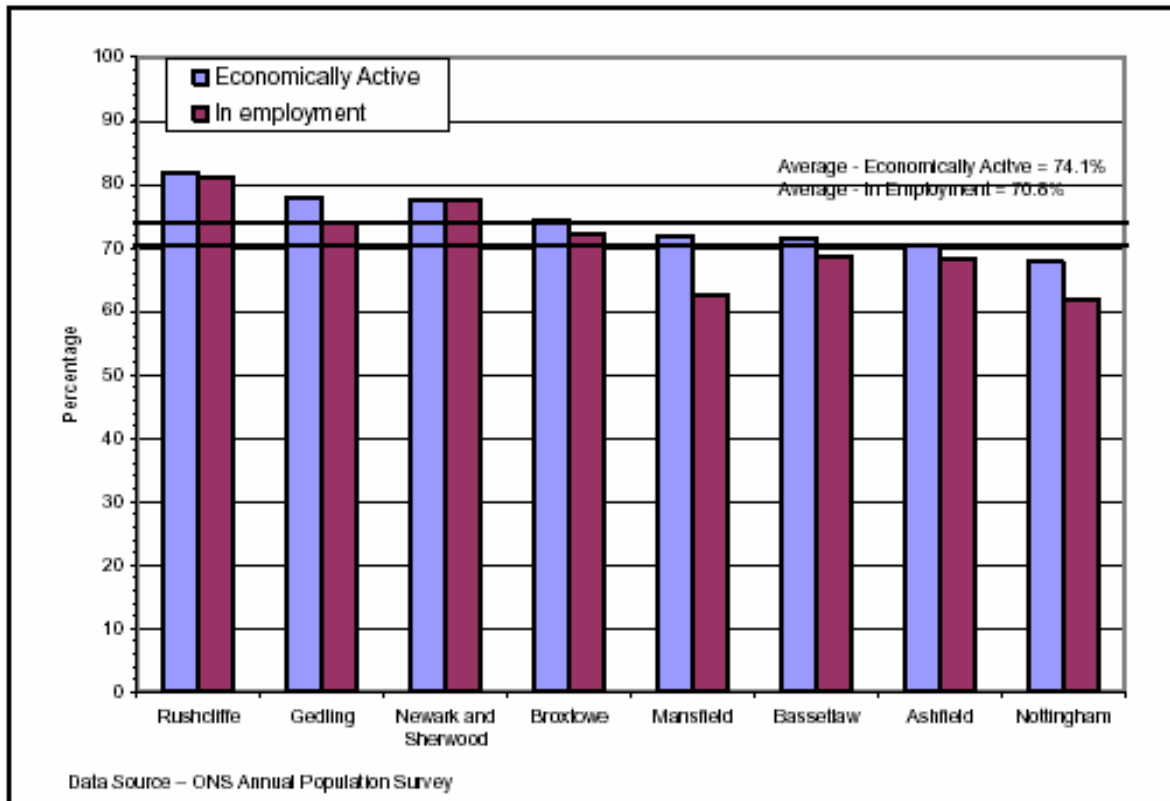


Chart 5: number of females of working age who are economically active, measured against those who are in employment

Unemployment

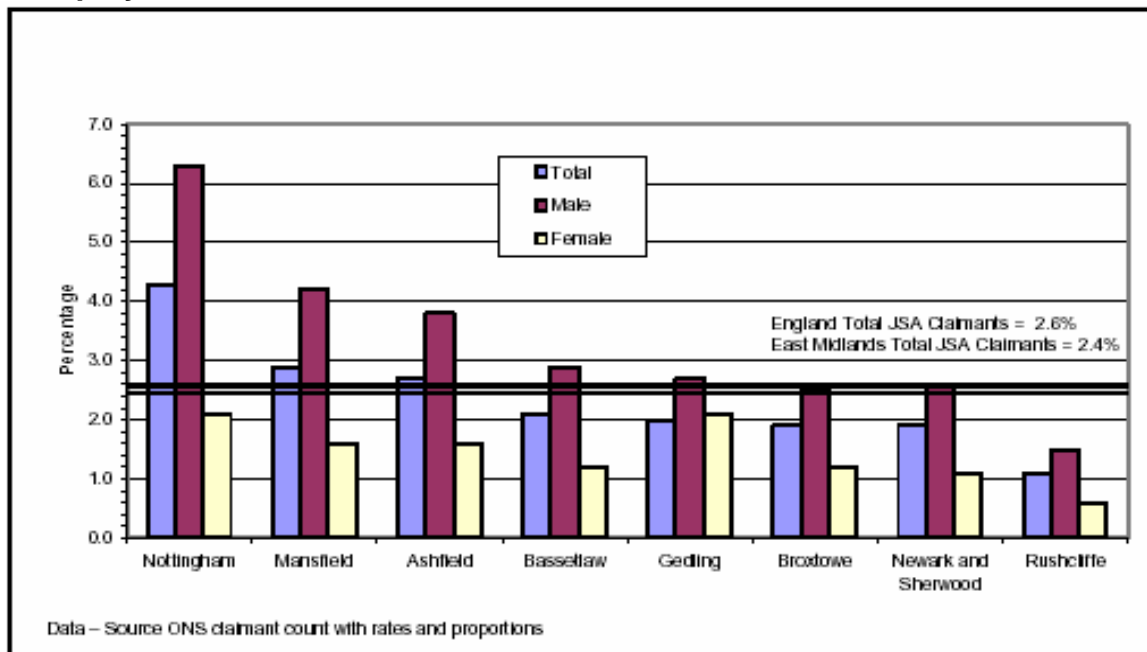
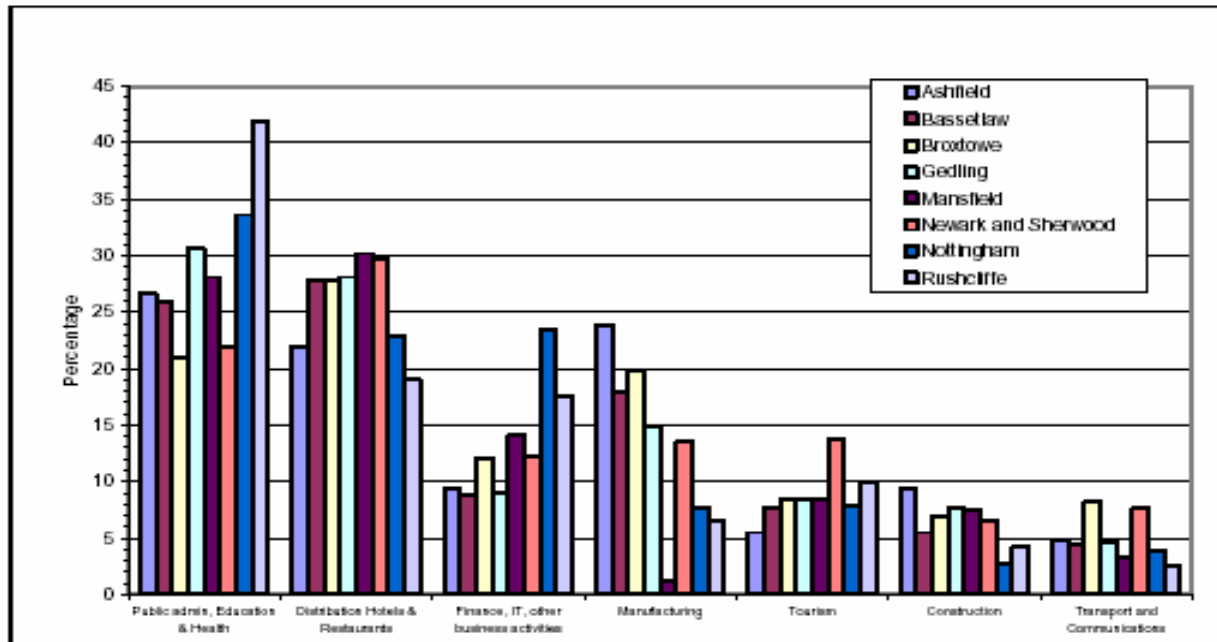


Chart 6: the percentage of Jobseeker Allowance (JSA) claimants across Nottinghamshire

Employment by industry type

One of the key features in the labour market is the future demand for staff and the type of staff that will be in demand.

Chart 7 below shows the percentage of people employed by organisational group:



Data Source – ONS – annual business inquiry employee analysis

Chart 7: people employed by organisational category

Carers

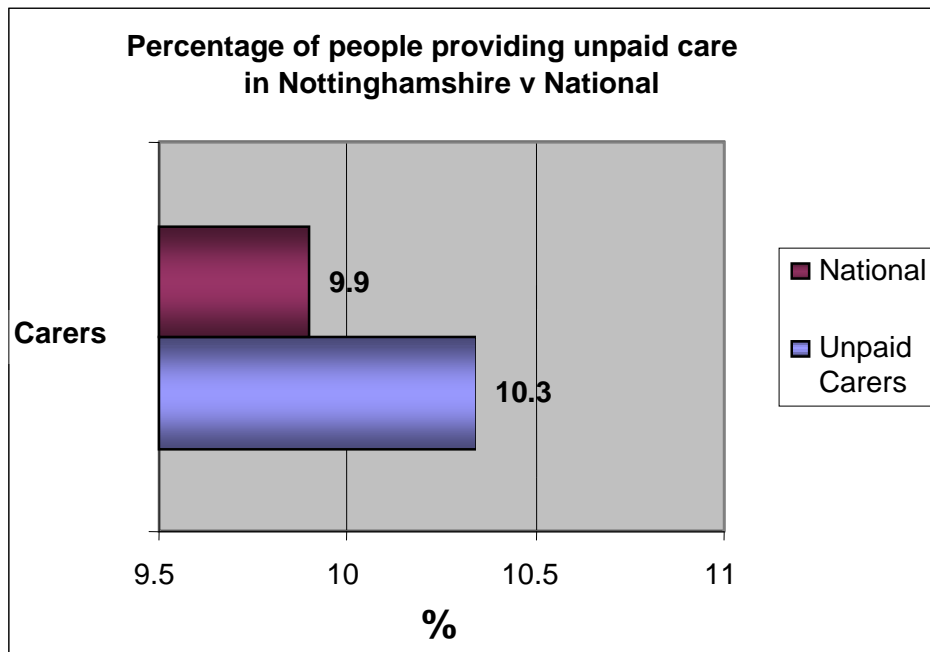


Chart 8: Percentage of people providing unpaid care v national figure

Appendix 2 - Social Care Workforce current position

The following charts and information will show the current figures within these areas taken from the 'NMDS Workforce April 2008' report.

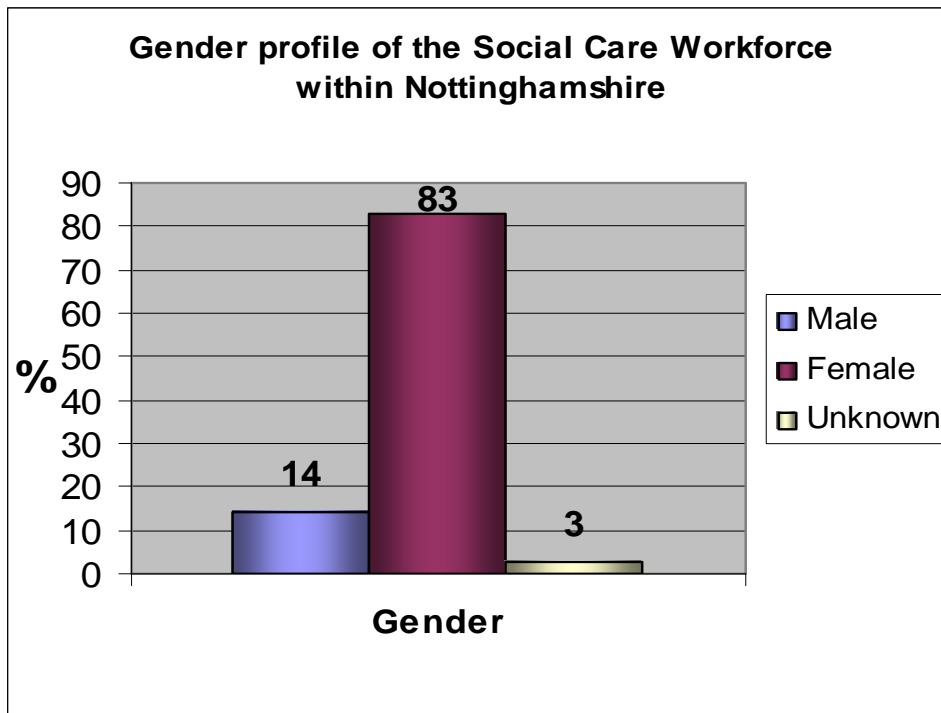


Chart 9: Gender profile of the Social Care Workforce within Nottinghamshire

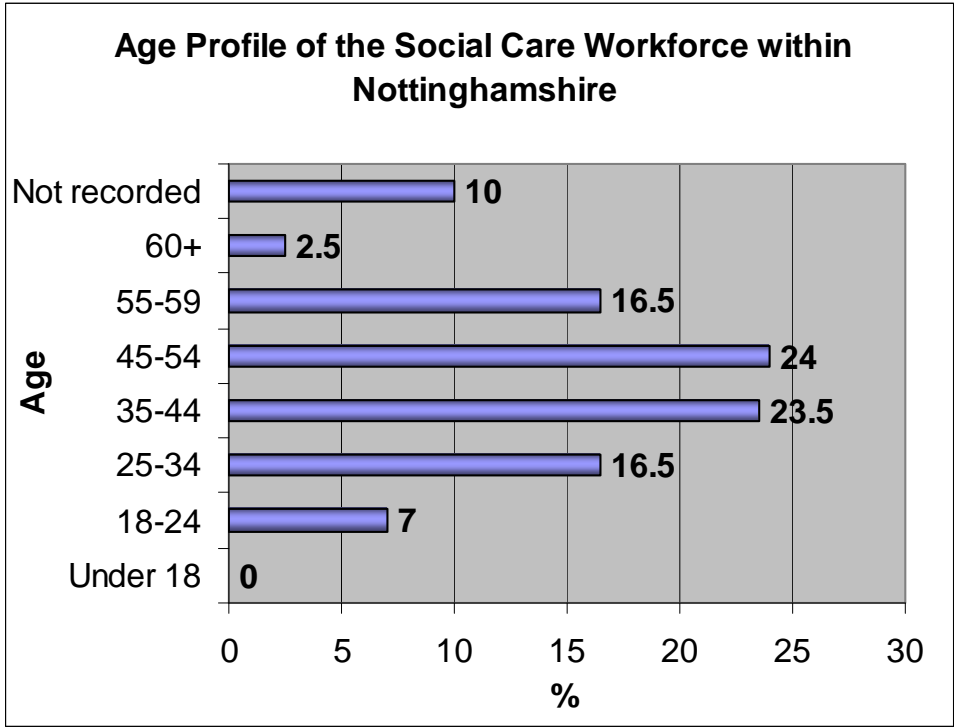


Chart 10: Age profile of the Social Care Workforce within Nottinghamshire

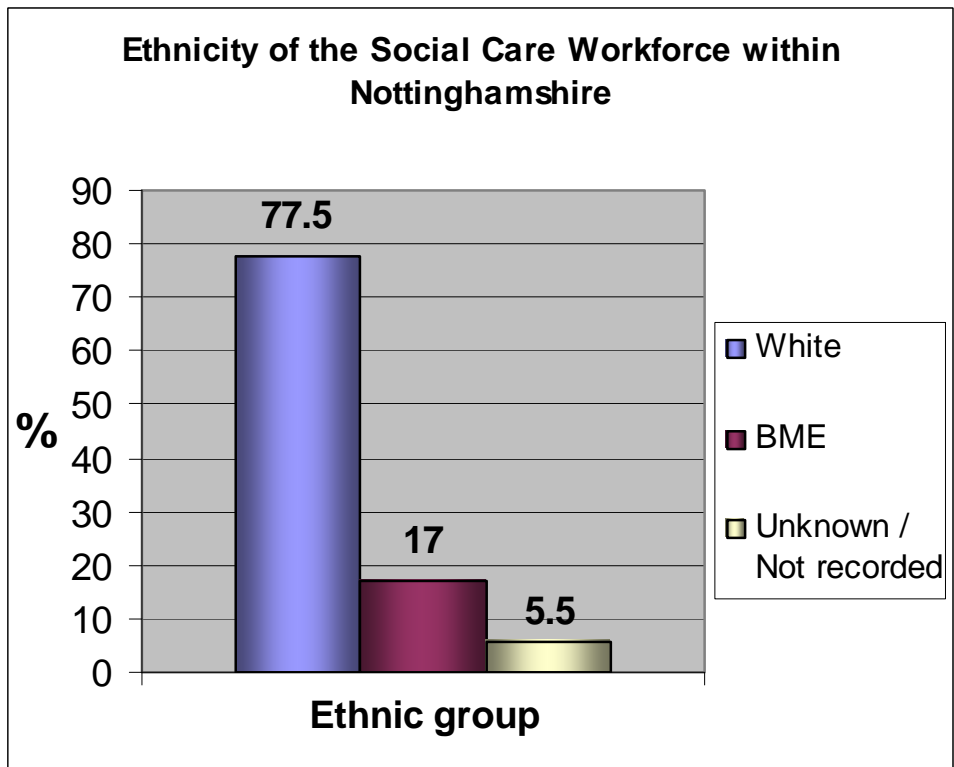


Chart 11: Ethnicity of the Social Care Workforce within Nottinghamshire

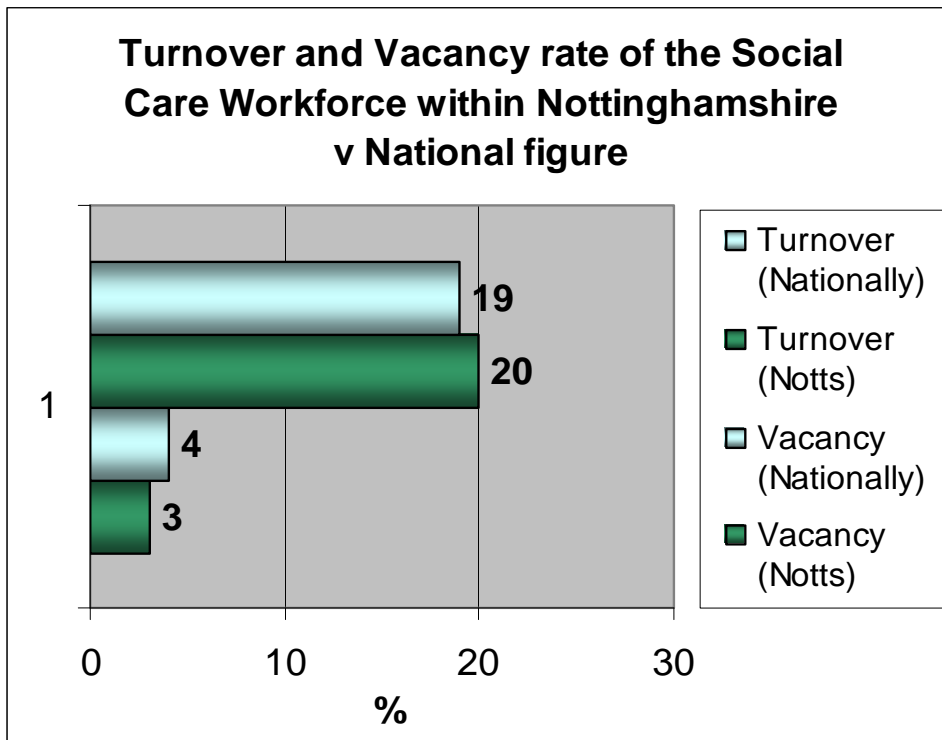


Chart 12: Turnover and vacancy rate of the Social Care Workforce within Nottinghamshire

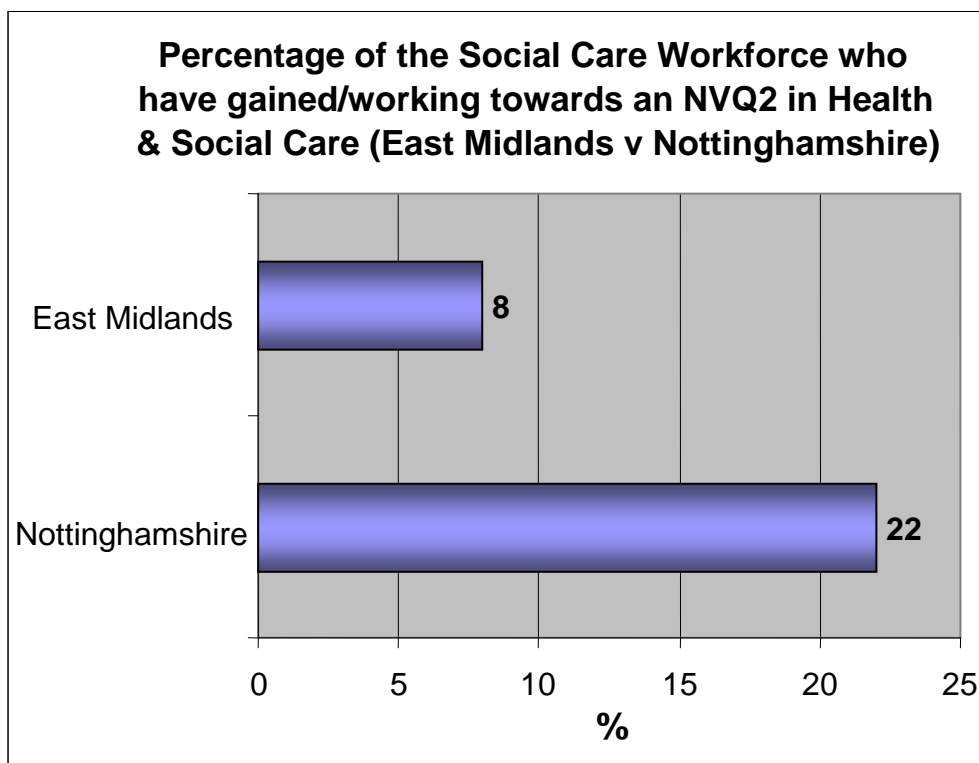


Chart 13: NVQ level 2 achievements of the Social Care Workforce within Nottinghamshire v East Midlands

Exit information

The Skills for Care NMDS-sc survey has been able to identify the destination of leavers.

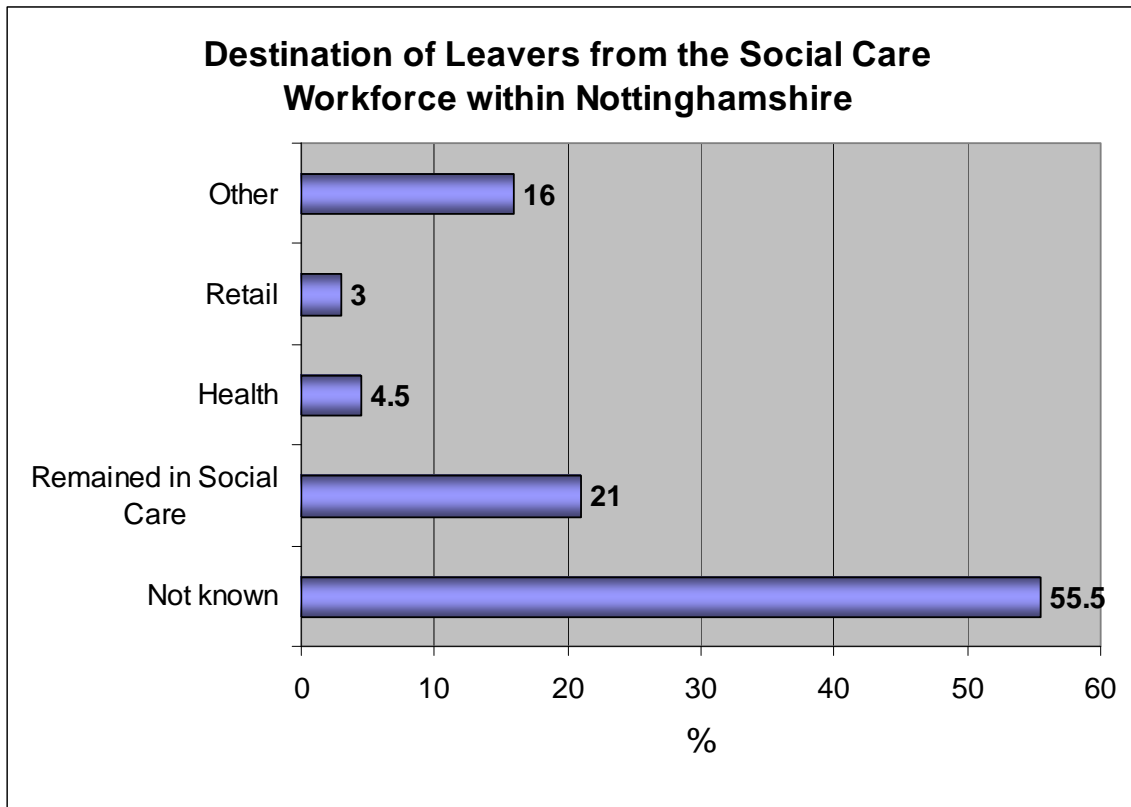


Chart 14: Destination of leavers from the Social Care Workforce within Nottinghamshire

Appendix 3 – Project Board members

Project Sponsor & Owner Nottinghamshire County Council Adult Social Care & Health	David Pearson, Strategic Director
Senior Suppliers Strategic Services Nottinghamshire County Council Adult Social Care & Health Equalities and Business Performance Nottinghamshire County Council Adult Social Care and Health Nottingham City Council, Adult Services, Housing & Health	Linda Bayliss, Service Director Judith Horsfall, Service Head Gwen Doswell, Director of Resources, Risks & Programmes
Senior Users Nottingham City Council, Adult Services, Housing & Health Independent & Voluntary Sector Independent Care Association Independent Home Care Independent Home Care	Elaine Yardley, Director of Adult Services Anita Astle, Executive Director, Nottinghamshire Care Association Valerie Thomas, Scheme Manager, Crossroads Gill Glover, Registered Manager, Hatzfeld Home Care Rachel Richardson, Care Manager, Nottinghamshire Home Care
Joint Project Managers Nottinghamshire County Council Adult Social Care & Health Nottingham City Council, Adult Services, Housing & Health	Mair Webb, Principal Workforce Planning Officer Jonathan Allen, Team Leader, Workforce Planning & Implementation Team
Partnership Members Nottinghamshire County Council	Mandy Steel, Service Head Human Resources
Nottinghamshire County PCT	Sue Hepworth, Head of NHCWT
Bassetlaw PCT	Julie Cotton, Chief Operating Officer
Critical Friend	Grace Wood, Skills for Care East Midlands

For additional copies of this document in paper or electronic format, or further information about Workforce Planning, contact:



Nottingham
City Council

Mair Webb, Principal Workforce Planning Officer
Workforce Planning Team
Adult Social Care & Health
Nottinghamshire County Council
County Hall, West Bridgford
Nottingham NG2 7QP

telephone: **(0115) 977 2923**
e-mail: mair.webb@nottscc.gov.uk
website: www.nottinghamshire.gov.uk

Jonathan Allen, Team Leader
Workforce Planning & Implementation Team
Adult Services, Housing & Health
Nottingham City Council
73 Houndsgate
Nottingham NG1 6BB

telephone: **(0115) 876 2477**
e-mail: jonathan.allen@nottinghamcity.gov.uk
website: www.nottinghamcity.gov.uk

Designed and published by:

Nottingham City Council
Adult Services, Housing
and Health Department

Nottinghamshire County Council
Adult Social Care & Health
Department

Ref: ASCH/259/08.08